

"FEE ADDRESS" INDICATION FORM

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

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Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,348,363	10/003,465

(check one)

Applicant/Inventor _____ Signature _____

Attorney or Agent of record 29,009 _____ /Leonard C. Mitchard/
 (Reg. No.) _____ Typed or printed name _____

Assignee of record of the entire interest. See 37
 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b)
 is enclosed. (Form PTO/SB/96) _____ 703-816-4005
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Assignment recorded at Reel _____ Frame _____ **October 15, 2009**
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
 Submit multiple forms if more than one signature is required, see below.*

*Total of 1 form/s are submitted.